Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING: 01 COMPLETED C HAL035022 B. WING 07/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AUTUMN WIND ASSISTED LIVING OF LOUISBI 361 LEONARD ROAD LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Complaint Investigation by Billy S. Braynt and Bob Getchell conducted on 07/08/2016 Records indicate this facility was first licensed on 05/13/1968. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building CONSTRUCTION SECTION Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of AUG 19 2016 Seven or More Beds in effect at the time of initial licensure. RECEIVED The complaint alleged the the facility has a bed bug infestation and a snaitaion insopection grade of 78%. The complaint was susbtantiated and deficiencies were cited. C 153 Exit Door Locks-Single Hand Motion C 153 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: Based on observation the facility does not have Division of Health Service Regulation LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 01 COMPLETED HAL035022 8. WING 07/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AUTUMN WIND ASSISTED LIVING OF LOUISBI 361 LEONARD ROAD LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 153 Continued From page 1 C 153 All the exist durs have exit door locks that were easily operable, and were not of a type that can be operated by a been installed with single 08/2/16 single hand motion. Findings on 07/08/2016: a. The exterior doors, including the exit doors of the facility required that a push button lock the marde without the mechanism be turned to unlock a lever type door handle and then the lever handle be turned to disengage the latch bolt in order to open the door. b. 100 Hall - The exit door at the end of the hall the exit close of 100 holl 08/31/16 the exit close of the when fully closed binds on the door frame making it difficult to open using a normal effort. c. 200 Hall - The exit door at the smoking porch has loose hinges and when fully closed binds on the door frame making it difficult to open using a repensed. normal effort. C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition: This Rule is not met as evidenced by: Based on observation and review of a sanitation inspection report the the exterior of the facility is not being maintained in a safe manner due to exterior walls and soffits in need of repair. Finding on 07/08/2016: a. There are holes in the exterior walls of the

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL035022 B. WING 07/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD AUTUMN WIND ASSISTED LIVING OF LOUISBI LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG . REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 160 Continued From page 2 C 160 The hold on the ocknown of the building has been reported. building that can allow insects and vermin to enter the facility. C 165 Housekeeping and Furnishings-Sanitation Grade SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more: (e) This Rule shall apply to new and existing facilities This Rule is not met as evidenced by: 1. Based on a review of an inspection report from the North Carolina Division of Environmental Health the facility failed to meet the sanitation Sentagar Checked agan, coming for retest standard required. Finding on 07/08/2016: a. A sanitation inspection dated 06/22/2016 reported a sanitation score of 78. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall; (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing

AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED	
		HAL035022				
NAME OF	PROVIDER OR SUPPLIE	R STREET A	DDRESS, CITY, S	STATE, ZIP CODE	07/08/2016	
AUTUM	IN WIND ASSISTED L	IVING OF LOUISEL 361 LEO	NARD ROAD URG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE		
C 166	Continued From p	page 3	C 166		——————	
	facilities.				¥	
		CANADA SER SAN				
	This Rule is not met as evidenced by: 1. Based on interviews with the provider and a				*	
	review of treatment reports and observations of resident rooms the facility is not being maintained free from hazards due to an infestation of bed				17	
	bugs.	due to an infestation of bed	1			
	I			The bed buds ha		
	Findings on 07/08/2016: a. There were a large amount of dead bed bugs		1	the sed buds ha	8 6100 NOS/EG	
	in room #326.	rge amount of dead bed bugs		by Docken Torm	ile Company.	
	l		ļ .	-, , , , , .	. 102/	
	b. Room #330 has	been treated for bed bugs, the relocated and furnishing	1	The trestment is	aline Mobile	
	removed from the	room.		the next Home	min the b	
	2. Based on obser	vation the facility is not being	1	totally existinte	Ale heel buce.	
	maintained free fro	m hazards as evidenced by	1	roming conditione	1116 64 649	
	improper handling and linens.	and storage of soiled clothing			ant.	
	7). • • • • • • • • • • • • • • • • • • •			1	1 /01/10/1	
	Findings on 07/08/	2016:	1	If now new room	no been	
	washer and driver a	ere stored on top of a spare and immediatley adjacent to		A new new rooms	ve 5/1 11.	
	clean laundry.	and animodiaticy adjacent to		(1)////	o m vine	
1.7	h Soiled launday is	hoine atau dia ta		solled sunchy	way from	
1	trash cans with ope	being stored in large plastic en lids in the a common	!],	clan lumetry	milt	
1	bath/shower room a	adjacent to the laundry.		Dave (,,,,,,,	
C 100		8	/	propor sprisge of	imwal)	
C 169	building Equipment	Maintained Safe, Operating	C 189	Soiled Sunctry of Closer Isunctry of Dropa Slorge of Clothes	1	
	SECTION .0300 - F	PHYSICAL PLANT	4	nerve server of 1500 miles - 1 0000	3	
	10A NCAC 13F .03	11 OTHER	45		1.	
38	REQUIREMENTS (a) The building an	d all fire safety, electrical,	1		1	
į	mechanical, and plu	imbing equipment in an adult	Ŧ		12	
	care home shall be	maintained in a safe and	-			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A. BUILDING: 01 COMPLETED HAL035022 B. WING 07/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD AUTUMN WIND ASSISTED LIVING OF LOUISBI LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Continued From page 4 C 189 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: The ws/11-in freger was 1. Based on observation mechanical equipment was not in correct operating condition as evidenced by mechanical equipment not cooling as required. Findings on 07/08/2016: a. An exterior walk-in freezer was in the process of being repaired. A temperature reading taken inside the freezer was recorded to be 40°F. C 194 A/C or Fans C 194 months the freezes clan SECTION .0300 - PHYSICAL PLANT to make is working 10A NCAC 13F .0311 OTHER REQUIREMENTS (c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation of temperatures recorded by the surveyor there is a failure to maintain sufficient cooling in the main center corriodor of the facility.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRO IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
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AME OF P	PROVIDER OR SUPPLIES	R STREET #	ADDRESS, CITY, STATE, ZIP CODE		
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		LOUISBI	URG, NC 27549		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (XI (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAY DEFICIENCY)				
C 194	Continued From p	page 5	C 194 7/	11 11	
	Findings on 07/08/2016:		The sepannu	from will enone	
	 a. A HVAC coil wa air handling unit. 	as not cooling air supplied by the Temperature measurements	that all w	string and hesting	
	were taken and in	the center corridor temperature			
1	was recorded be 8	82°F.	1.	11 9,	
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